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2815
PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/109,261
		Filing Date	June 30, 1998
		First Named Inventor	Gang Bai
		Group Art Unit	2815
		Examiner Name	Warren, M.
Total Number of Pages in This Submission	10	Attorney Docket Number	42390P5769

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; height: 40px; width: 100%;">Return Postcard</div>
		<input type="checkbox"/> Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	William Thomas Babbitt, Reg. No. 39,591 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	May 29, 2002

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Box Non-Fee Amendment, Assistant Commissioner for Patents, Washington, D.C. 20231 on: May 29, 2002

Typed or printed name	Lillian E. Rodriguez	Date	May 29, 2002
Signature		Date	May 29, 2002

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PTO/SB/17 (11-01)

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

JUN 11 2002

Complete if Known	
Application Number	09/109,261
Filing Date	June 30, 1998
First Named Inventor	Gang Bai
Examiner Name	Warren, M.
Group/Art Unit	2815
Attorney Docket No.	42390P5769

METHOD OF PAYMENT (check one)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Deposit Account				

Deposit
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The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
- Charge any additional fee(s) during the pendency of the application
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity			Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Description	
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES

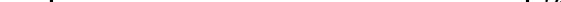
		Extra Claims	Fee from below	Fee Paid
Total Claims	14	20 ^m	0 X 18.00	\$0.00
Independent Claims	2	3 ^m	0 X 84.00	\$0.00
Multiple Dependent				=

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple Dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

For numbers previously paid, *format*. For Reissues, see below.

ANSWER

SUBMITTED BY

Name (Print/Type)	William Thomas Babbitt	Registration No. (Attorney/Agent)	39,591	Telephone	(310) 207-3800
Signature				Date	05/29/02

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